24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CAPE FOX PROFESSIONAL LICENSE	C C00622266
	G C00022200
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
FCC x 0025778457	07 31 2016
Mailing Address 1131 bell st	Amount
9	770.00
City State Zip Code Sacramento CA 95825	780.00 Transaction ID : WFT20166312118-1
	Date of Disbursement or Obligation
Purpose of Expenditure Licensing Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
Davis Marie Oppose	President Senate State: CA
Calcillati Total To Date	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State:
	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures	
(5, 15.12	0.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Davis Marie	
[Electronically Filed] Date	08 01 2016
Signature	